FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1430	<u> 331 </u>
OMB AF	PROVÁL
ONB Number:	3235-0076
Expires: April:	30, 2008
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hours per respons	

SEC USE ONLY

DATE RECEIVED

Serial

Profix

Name of Offering (check if this is an amendment and name has changed, and indicate change.) GS TACS Market Continuous (International), LLC: Limited Liability Compan	v Unic
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Rule 506	
Type of Filing: New Filing Amendment	SeciSEC Wail Process
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	APR 162008
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	APIC 1 0 2000
	Washington, DC
GS TACS Market Continuous (International), LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telep ione Numb including Area Code)
32 Old Slip, New York, New York 10005	(212) 902-1000
Address of Principal Business Operations (Number and Street Girosa Sales Sales)	Telep ione Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business To encrete as a private investment fund	ECONOLIDADES CANDIDADES CANDIDADES CONTRACTOR CONTRACTO
Brief Description of Business	1296))) 1811: 4910 1811: 4910 1811: 1894 1894 1894 1894 1894 1894 1894 1894
To operate as a private investment fund.	1 (2010) 1 (11) (11) (11) (11) (11) (11) (11
Type of Business Organization	08046499
	✓other (please specify).
☐ corporation ☐ limited partnership, already formed ☐ limited partnership, to be formed	Limited Liability Company
D business trust	Elimited Eliability Company
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 1 0 8	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation)	
State: CN for Canada; FN for other foreign juri	sdiction) D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper unount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General Partner and/or ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member) Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 General Partner and/or Check Box(es) that Apply: □ Promoter \square Director Managing Partner Full Name (Last name first, if individual) Alexey Kononenko Business or Residence Address (Number and Street, City, State, Zip Code) 8 Scarborough Dr., Smithtown, NY 11787 General Partner and/or ☐ Promoter Beneficial Owner Executive Officer Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) David M. Mott Business or Residence Address (Number and Street, City, State, Zip Code) 7205 Meadow Lane, Chevy Chase, MD 20815 General Partner and/or Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☑ Executive Officer Director Managing Partner Full Name (Last name first, if individual) Chropukva, Gary (Number and Street, City, State, Zip Code) Business or Residence Address 32 Old Slip, New York, NY 10005 General Partner and/or ☐ Beneficial Owner ☑ Executive Officer ☐ Director Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Ioffe, Len Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 General Partner and/or Beneficial Owner ☑ Executive Officer □ Director Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Jones, Robert Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 General Partner and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Mulvihill, Donald **Business or Residence Address** (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 Executive Officer Beneficial Owner Di ector General Partner and/or Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Vora, Monali Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers, and Each general and managing partner of partnership issuers. ☐ Beneficial Owner ☑ Executive Officer ☐ Director General Partner and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Wianecki, Karl D. Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 Di rector General Partner and/or Beneficial Owner □ Executive Officer □ Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Di ector General Partner and/or Check Box(es) that Apply: ☐ Promoter П Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner □ Executive Officer □ Director General Partner and/or Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Beneficial Owner □ Executive Officer □ Director General Partner and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Director General Partner and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General Partner and/or ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter Beneficial Owner Executive Officer Director General Partner and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DATA

				B. IN	FORMAT	ION ABO	OUT OFF	ERING				
										ì	Yes	No
1. Has th	ne issuer sole	d, or does th	ie issuer inte	end to sell,	to non-accre	edited inves	tors in this	offering?				
			1	Answer also	in Append	ix, Column	2, if filing	ınder ULOI	€.	,		
	is the minimu			•	•					1	\$	
The	fund may a	ccept subse	criptions fo	r lesser am	ounts in th	e sole discr	etion of the	: Managing	Member.		1,00	00,000
										,	Yes	No
	the offering									1	Ø	
comm If a po or sta a brok	the information or single	nilar remun sted is an a same of the you may so	eration for s ssociated pe broker or de et forth the	solicitation erson or age caler. If me	of purchase int of a brok ore than five	rs in connecter or dealer e (5) person	ction with s registered s to be liste	ales of secu with the SE	rities in the C and/or wi	offering.		
	e (Last name i, Sachs & C		lividual)							1		
Business	or Residence	e Address (1	Number and	Street, Cit	y, State, Zip	Code)						
85 Broad	Street, Nev	v York, NY	10004									
Name of	Associated E	Broker or De	ealer									
	Which Perso 'All States''									ı	EZÍ ∧	Il States
						[CT]			[FL]	[GA]	<u>U</u> A [HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last name		lividual)									
										1		
Business	or Residence	Address (1	Number and	Street, Cit	y, State, Zip	Code)				<u> </u>		
		•			•	•				t		
Name of	Associated E	Broker or De	ealer					·····		:		
States in V	Which Perso	n Listed Ha	s Solicited	or Intends to	o Solicit Pu	rchasers						
	'All States"								•••••		🗆 Al	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HC]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[, <u>%</u> \)	[WI]	[WY]	[PR]
Full Name	e (Last name	first, if ind	lividual)									
Business	or Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of	Associated E	Broker or De	ealer				·			i		
										1		
	Which Perso 'All States"										🗆	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HC•]	[OK]	[OR]	[PA]
ſŖIJ	(SC)	[SD]	ITNI	[TX]	(UT)	[VT]	[VA]	[WA]	[VV]	rwn	(WY)	(PR)

(Use blank sheet, or copy and use additional copies of this sheet, as nece sary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		1			
	Type of Security		Aggregate Offering Price			Amount Already Sold
	Debt	\$_	0 '	-	\$_	00
	Equity	\$_	0	_	\$_	0
	☐ Common ☐ Preferred		1			
	Convertible Securities (including warrants)	\$_	0	_	\$_	0
	Partnership Interests	\$	0		\$	0
	Other (Specify) Limited Liability Company Units	\$	82,736,402		\$ <u>_</u>	82,736,402
	Total	\$	82,736,402		s _	•
	Answer also in Appendix, Column 3, if filing under ULOE.	_		-		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Number Investors			Aggregate Dollar Amount of Purchases
	Accredited Investors		23	_	\$ <u>_</u>	82,736,402
	Non-accredited Investors	_	0		s _	0
	Total (for filings under Rule 504 only)	_	N/A		\$_	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.					
	Type of offering		Type of Security			Dollar Amount Sold
	Rule 505		N/A :		5	N/A
	Regulation A		N/A ,	-	<u> </u>	N/A
	Rule 504	_	N/A .	•	, — \$	N/A
	Total		N/A	-	s	N/A
th th	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_	1	-	_	
	Transfer Agent's Fees			5	S _	0
	Printing and Engraving Costs			5	s _	0
	Legal Fees		ゼ	9	<u> </u>	40,500
	Accounting Fees			5	5	0
	Engineering Fees			5	 }	0
	Sales Commissions (specify finders' fees separately)			5	, —	0
	Other Expenses (identify) legal and miscellaneous			5	<u> </u>	0
	Total		፟	5	, ,	40,500
			1		_	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXI	PENS	ES A	ND L	SE OF P	ROCE	EDS	
	 b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response difference is the "adjusted gross proceeds to the issuer." 	e to Part C - Question 4.a	ı. Th	is			\$		82,695,902
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.						1		
					Óf: Dire:	ents to icers, tors, & liates			Payments To Others
	Salaries and Fees			\$_		0	_ 🗅	\$_	0
	Purchase of real estate	•••••		\$_		0		\$_	0
	Purchase, rental or leasing and installation of machinery	y and equipment		\$_		0		\$_	0
	Construction or leasing of plant buildings and facilities.			\$		0		\$	0
	Acquisition of other businesses (including the value of this offering that may be used in exchange for the another issuer pursuant to a merger)	assets or securities of	ä	\$		0		•	0
	Repayment of indebtedness		_			0	- 0	\$ - \$	0
				\$_					
	Working capital			\$_	 -	0	_ 🗓	\$_	0
	Other (specify): <u>Investment capital</u>			\$ _		0	- 2	\$_	82,695,902
	Column Totals	•••••••••••••••••••••••••••••••••••••••		\$		0	Ø	\$	82,695,902
	Total Payments Listed (column totals added)				₽ \$		82,69	95,902	2
	D.	FEDERAL SIGNATU	RE						
fo	the issuer has duly caused this notice to be signed by the issuer signature constitutes an undertaking by the issuer is staff, the information furnished by the issuer to any non	er to furnish to the U.S. Sec	urities	and	Exchang	e Commis	sion, u	unde pon w	er Rule 505, the ritten request of
GS	rer (Print or Type) TACS Market Continuous ternational), LLC				Date April	<u>5</u> , 2008	l		
	ne of Signer (Print or Type) Title of Signard Cundiff Authorize	gner (Print or Type)					:		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

